

# YOUNG ADULT SUBSTANCE ABUSE TREATMENT GRANT

#### **SAMHSA Title:**

 State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning

- Short Title:
  - State Youth Treatment-Planning

# **Funding Purpose**

 To provide funding to develop a comprehensive strategic plan in order to improve treatment for adolescents (ages 12-18) and/or transition-age youth (ages 16-25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders. The plan will help assure that youth have access to evidence-based assessments and treatment models and recovery services by strengthening the existing infrastructure system.

#### **Grant Duration**

2 year planning grant

 Essentially we are planning to plan (final product is a 3 year strategic plan).

# What Did We Say We Will Do?

- Hire Staff
- Form Interagency Council from identified stakeholders
- Form two subcommittees from the Interagency Council
  - Substance Abuse Financing Subcommittee
  - State Youth Treatment Planning Subcommittee

- Develop financing structures that support a coordinated treatment and recovery system for transition-age youth with SUD and/or cooccurring SUD and MHD
- Develop a 3 year state workforce training plan that will serve as the state's blueprint to increase dissemination of effective treatment and recovery services for transition-age youth in the future

- Develop and implement workforce map used to widen the use of effective treatment and recovery services in the future
- Develop a comprehensive 3 year strategic plan in order to improve treatment for transition age youth
- Create a 3 year plan for a family and youth statewide structure to promote involvement in substance use treatment and recovery services for transition-age youth

- Establish a formal agreement with other SAMHSA funded Community Mental Health Services for Children and their Families Program grantee
- Develop a three year plan to create a provider collaborative within Virginia

Age Group	Population	Dependency or Abuse	Any Past Year MH	Co-Occurring Disorder
16-17	109,366	6,168 (6%)		
18-25	365,518	71,203 (20%)	83,757 (23%)	11,697 (14% SA)
16-25	474,884	77,371 (16%)		

# Transition Age Youth Receiving CSB SA Services (State Fiscal Year 2014)

AGE	NUMBER		PERCENTAGE
16-25	8,106	(77,371)	11%

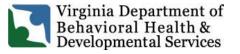
### **Key Points**

- State Structure-
  - Services are administered at state-level by DBHDS
  - Services provided by 40 CSBs that are locally governed
  - CSBs are not mandated to provide MH and SA as distinct programs for children and adolescents
  - There are no dedicated SA treatment funds for children and adolescents
  - Provision of adolescent SA services vary widely across the state
  - Widely diverse geographic regions

#### 2011 Report:

#### A Plan for Community-Based Children's Behavioral Health Services

- All communities have an incomplete array of services
- There is inadequate capacity in all services that are available resulting in children and families waiting for services
- Families are faced with inconsistencies across the state in the array and capacity of services
- Many children do not receive services early enough (leading to worsening of their condition and increased cost)
- Many children do not meet the eligibility requirements for services
- Workforce development is needed to support a comprehensive system
- There is inadequate oversight and quality assurance for the services that do exist



#### What Have We Done Thus Far?

Hired Staff

- Grant Coordinator
  - » Rich Firth
- Research and Evaluation Specialist
  - » Anne Buford

## Interagency Council

Carol AgeeAnna AntellVECCSA

Ashley Church Consumer/Virginia Family Network

Ashley Everette Voices for Virginia's Children

Joann Burkholder DOE

Kevin Doyle Longwood Recovers

Scott Richeson VADOCFabrienne Dorsey Parent

Greg Peters Parent/UMFS

Ashley Harrell DMAS
Diana Jordan VDH

Pam Kestner
 Deputy Secretary of Health and Human Resources

Laurel Marks DCJS
 Mary Brown-Brooks Parent
 Haley Mathews DSS
 Ashaki McNeil DJJ

Rex Petrey
 Young Person in Recovery

Robert Henry VCCS
Kathy Robertson DCDH
Jean Stevenson DARS
Rhonda Thissen DBHDS

Tom Bannard Rams in Recovery/COBE

Valerie Petrey Parent



# Findings

- Across a range of studies, 54-95% of youth in alcohol and drug treatment have some type of mental disorder.
- "Co-morbidity" is so common that dual diagnosis should be expected rather than considered an exception." Minkoff
- Systems need to be integrated in order to attain comprehensive, coordinated and holistic care. The system should be designed to meet the needs of the individual and family in a flexible, integrated, collaborative and outcome focused model.
- Between 25 & 35% of all people discharged from addiction treatment will be readmitted to treatment within a year. Nearly 50% within 2-5 years.
- Treatment outcomes are worse for adolescents with co-occurring disorders.
- Acute care model of clinical intervention alone is not sufficient to achieve long-term recovery

- Continuing care is widely recommended as a critical component for maintaining treatment gains.
- Adolescent alcohol/drug problems are typically bundled with other personal or family problems.
- Recovery often involves improved educational and vocational performance.
- Onset of substance use disorders typically begins in adolescence or early adulthood.
- Adolescents often have less developed executive functioning that can lead to poor self-regulation and impulse control

# Values and Principles for a Recovery-Oriented System of Care:

- Being family focused
- Employing a broad definition of family
- Being age appropriate
- Reflecting the developmental stages of youth
- Acknowledging the nonlinear nature of recovery
- Promoting resilience
- Being strengths-based
- Identifying recovery capital

# Services and Supports

- Ensuring family involvement
- Providing linkage
- Assuring that the range of services and supports address multiple domains in a young person's life
- Including services that foster social connectedness
- Providing specialty recovery supports
- Providing therapeutic/clinical interventions

#### Infrastructure Elements

- Family involvement at the design and policy level
- Policy changes at the Federal, State and provider levels
- Collaborative financing
- Collaborative integration across all youth-serving systems
- Workforce development
- Leadership
- Accountability



#### Outcomes

- Youth
  - Social connectedness
  - Reciprocity: increased capacity for youth to give back to the community
  - Increased self-sufficiency
  - Increased number of developmentally appropriate assets

#### System

- Support for family and sibling recovery
- Easy access to service system with multiple entry points

# Challenges

- Lack of shared language and common vision
- Complexity of achieving change
- Stigma
- Disparities across race, ethnicity, gender, culture, age, etc.
- Lack of culturally and linguistically competent services and supports
- Limited family and youth involvement
- Lack of infrastructure supporting integrated systems of care and recovery
- Financing
- Service system coordination
- Lack of appropriate outcome measures and accountability procedures
- Inadequate workforce capacity
- Lack of recovery-focused services and supports
- Lack of care coordination
- Confidentiality issues
- Lack of statewide focus
- A need for additional research, evaluation and dissemination

### Opportunities

- A growing awareness of substance use and mental health issues including the high rate of co-occurring disorders in adolescents and transition-age youth
- An increase in pockets of excellence and promising practices of recovery-oriented services and supports
- Funding opportunities
- Multiple formal and informal resources available in communities
- Emerging technologies providing innovative approaches for outreach to care and support of young people in recovery